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CONFIRMATION NO. 3347

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.							
10/668,929	09/23/2003 RULE	349	2871	9281-4666							
APPLICANTS Katsumasa Yoshii, Fukushima-ken, JAPAN; Tatsuya Moriike, Fukushima-ken, JAPAN; Kenji Omote, Fukushima-ken, JAPAN; Mitsuru Kano, Fukushima-ken, JAPAN; ** CONTINUING DATA ***** This application is a DIV of 09/896,165 06/29/2001 PAT 6,750,930 * (*)Data provided by applicant is not consistent with PTO records. ** FOREIGN APPLICATIONS ***** JAPAN 2000-201529 07/03/2000 JAPAN 2000-201530 07/03/2000 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/17/2003											
<table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119(a-d) conditions met</td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged /HOAN C NGUYEN/ Examiner's Signature </td> <td> <input type="checkbox"/> Met after Allowance Initials </td> <td>STATE OR COUNTRY JAPAN</td> <td>SHEETS DRAWINGS 11</td> <td>TOTAL CLAIMS 7</td> <td>INDEPENDENT CLAIMS 1</td> </tr> </table>					Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged /HOAN C NGUYEN/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 11	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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ADDRESS Gustavo Siller, Jr. Brinks Hofer Gilson & Lione P.O. BOX 10395 Chicago, IL 60610 UNITED STATES											
TITLE Reflector providing particularly high reflectance in an intended viewing angle and reflection type liquid crystal display device using the same											
FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit							